THE CALIFORNIA MEDICAL JOURNAL.

D. MacLEAN. M. D.... ....Editor and Publisher
J. H. BUNDY, M. D........ ....Editor | D. D. CROWLEY, M. D.............Editor

Vol. 2. OAKLAND, MARCH, 1881. No. 3.

ORIGINAL COMMUNICATIONS.

ASTHMA.

BY J. H. BUNDY, M. D., OAKLAND.

Much has been written on this subject, and while much light has been thrown upon its real nature and causation, its real pathology is not satisfactorily understood. That it is a nervous affection there is no doubt; the bronchial muscular fibers by a morbid excitation through the nervous system are thrown into a spasmodic condition, tonic in character. Through the excito-motory or reflex functions of the nervous system, the exciting causes of the paroxysms doubtless exert their influence.

Bronchitis is a frequent concomitant upon the attacks or paroxysms, but does not always exist. In asthma there is a peculiar susceptibility in the bronchial muscular fibers to take on spasmodic action, but this does not apply to all persons. It is in a majority of cases hereditary, but, although in a majority it is hereditary, certainly in most cases in addition to the predisposition, exciting causes are necessary. Exciting causes are various, and the facts with regard to this show, in some persons, a marked susceptibility to particular agencies which upon most persons show or produce no morbid effect A good illustration in this regard of an idiosyncrasy, is the form of the disease known as hay asthma.

This variety (*hay asthma*) received its appellation from the fact of its occurring exclusively in the Summer season, although the exciting cause may never proceed from the emanations of hay. The exciting cause is doubtless in the atmosphere, and proceeds from emanations of some character from the vegetable kingdom, but what that is, yet remains to be told. Any cause tending to excite spasm of a tonic character, affecting the bronchial muscular fibers, will induce an attack of asthma, especially in persons who are hereditarily predisposed to the disease.

Of the *physical signs*, diagnosis and prognosis I shall not speak, as they have been frequently written upon; but will give my experience in the treatment of this troublesome disease.

The temperament, general health, tongue, season of the year, and the climate in which the patient resides—all taken together, influence and, to a great extent, suggest the treatment in individual cases. Near the coast in Cal., asthmatics suffer severely, no matter hardly what treatment may be devised, and the remedy is a change of climate when this fails. As to climate for such patients, I have never seen anything to equal the Sacramento Valley. If a patient visits Sacramento, Marysville, Colusa or Chico, their stay will be brief before they are entirely relieved—from one to two or three weeks; and in many instances a stay of as many months in that hot climate has effected a permanent cure. Persons coming from the East, suffering from the asthma, stopping at these places are cured in a short time. To make it short I never saw any disease so favorably influenced by climate as is this disease in that Valley.

As for *hay asthma,* I don't know that I have ever had a case of it in this State; it is usually Idiopathic. Nervo-bilious temperaments seem most subject to it, and if the tongue is white, yellowish or dirty-white, I put the patient onto the following:—

℞ Brom. Potass: ℥ss;
Chloral Hydrate, ʒij;

Aquæ Dist., Syr. Simp. āā qs. ad. ℥iv.
M. S.—Teaspoonful every two hours.

Also the following:—

℞ Fld. Ext. Eucalyptus Glob.;
Fld. Ext. Yerba Santa, āā ℥i;
Syr. Simp. ℥ij;
M. S. Teaspoonful every four hours.

If the tongue is clean and red, the following:—

℞ Nit. Hyd. Chl. Acid Dil. ℥ss;
Fld. Ext. Leptandria ʒij;
Syr. Simp. Aqua Dist. āā qs ad ℥iv;
M. S. Teaspoonful four or five times daily with
℞ Tr. Lobelia ʒiij;
Tr. Drosera ʒij;
Tr. Anagatis Arvensis ʒiss;
Aqua Dist. Syr. Acacia āā qs ad ʒiv
M. S. Teaspoonful every two or three hours during the paroxysms, less frequently after they subside.

The general health is always to be looked after, and kept as good as possible by the bitter tonics and restoratives that may be indicated in individual cases. I never treat a case that I do not advise the use of the following as a fumigator: Lobelia fal. Stramonium fal. Thapsus fal. āā ℥i; Potass. Nitras ℥iss; M. and grind all moderately fine and burn from half to a teaspoonful every hour or two, as may be necessary, on coals in a saucer or any convenient dish. This should be kept quite dry so that it will burn readily.

The inhalation of vinegar and water, equal parts, as hot as the patient can inhale it by holding the face over it while boiling, is an excellent treatment, as is also the inhalation of the vapor of slakening lime, as hot as it can be inhaled. Inhalations by atomization, in asthma, do no good from the fact that the vapor is cold when it enters the lungs. To do good it must be inhaled as hot as it can be with comfort to the patient if you expect to reap any benefit therefrom. The following in some cases answers a good purpose: ℞ Tr. Belladonna ʒijss; Fld. Ext. Gelsemium ʒi; Fld. Ext. Conium

Mac. ʒss; Fld. Ext. Viburnum Op. ʒiss; Syr. Simp. qs ad ʒiv. M. S. Take teaspoonful every one or two hours during paroxysms. This has given relief when everything else has failed.

PATHOLOGY AND TREATMENT OF CHRONIC DISEASES OF THE CHEST.

BY S. H. POTTER, M. D., HAMILTON, O.

A LARGE per cent. of the mortality of youth and adults is due to chronic diseases of the chest, especially within the temperate zone around the globe and throughout civilization. This well-known fact gives to the subject great practical importance to all practitioners who assume the responsibility of treating these maladies.

Two distinct pathological theories exist relative to the remote cause and inductive process of morbid action in chronic lung disease.

1. The tubercular theory, which implies a pre-existing constitutional cachexia of the whole system, invading the lung by a caoo-plastic deposit, as only a part of the ailment. The blood itself is supposed to be invaded or imperfect in its abnormal constituents, and indeed, we know that there is no organ in the body in which these tubercles are not found. Their tendency to degeneration and decay is supposed to prove the depraved state of the constitution in which tubercles are found. Thus, the whole malady is thought to be tubercle; and tubercle being incurable, it follows that no amelioration of the local disease can occur without the destruction and removal of the *materies morbi*. As an illustration: when a portion of the lung becomes dull with the other physical signs of consolidation, the induration is attributed solely to tubercle; an old theory.

2. Shrewd modern pathologists and careful observers of morbid action have introduced quite a new and different theory. These insist that the dullness in a portion of a phthisical lung may be ameliorated, a portion, at least, of the exudation causing the dullness and impermeability is really

attributable to inflammatory products of a temporary and removable character. This is a near approach to the quite recent German theory, that the whole of the lung-block is caused by inflammatory products deposited. This conclusion was reached by microscopical observation. It is now generally admitted that inflammatory products are found in nearly every case of phthisis, and that tubercle is often absent in many true cases of phthisis. Thus, the old theory that phthisis is a purely tuberculous disease is discarded by advanced pathologists.

3. A middle ground between the two theories, or a pathology embracing both in a modified form seems to be established. That there is often an inborn or constitutional tendency to phthisis, there can be no doubt; and there is no reason why a healthy man acquiring pneumonia should fall into phthisis without an underlying tendency to changes in the walls of his air-cells and their surroundings—either hereditary or acquired. Cases of repeated attacks of pneumonia and recovery are abundant.

On the second theory it is quite natural for those who hold to the inflammatory nature of all chronic lung-indurations to attribute the leading general symptoms, as fever, wasting, etc., to the sympathy of the system with the local irritation in the lung; the older pathologists held that "the hectic of phthisis is the measure of lung irritation."

4. The potent factors in chronic lung disease are the conditions, such as the nature of the morbid products, and the part of the lung structure invaded. Products which simply fill the alveolar cells, without impairing the cell-walls or inter-alveolar spaces are capable of complete restoration; but alteration in the walls of the air-cells, and in that cellular tissue which contains and surrounds the vessels of the lung, generally works irreparable mischief in the affected part. The products of irritation of lung tissue, whether we call them tubercle or inflammation, their ultimate changes influence the termination of every case. That which tends to speedy liquefaction may be rapidly absorbed, as in acute pneumonia;

while the process of caseation is incapable of absorption and tends to disintegration. The morbid changes which increase the fibrous tissue of low vascularity tends to extreme chronicity; these, although incapable of restoration to a healthy condition, are agents which oppose active destructive change and thus counteract some of the most dangerous complications in chronic lung-disease. These several conditions are the most potent factors in the history and complications of phthisis—that complex disease.

Local conditions must be studied, and observe the clinical results; what symptoms are due to lung, and what to constitutional diathesis or whatever term represents systemic disorder, separated from the reflected sympathies of the entire system with the localized irritation in the lung.

5. Too much time has been spent in mere theorizing over the abstraction of *diathesis* to explain such events as fever, wasting, and secondary disorders which arise out of a malady whose earliest and latest structural changes we find in the lung. We have not advanced our practical treatment by all our labor and efforts. True, we have multiplied so-called blood-remedies—nutrients—which add to the pabulum of the chyle, such oil or chemicals, such as hyperphosphites and iron to enrich the blood, confessedly not to reach and check the lung-disease, but to obviate, through "a higher nutrition." the wasting results on the body.

This is the highest point yet reached which the most scientific and successful treatment can boast of in combating widespread diseases, whose result is a waste of vitality and of all the physical tissues. Who is prepared to discourage such hypotheses or offer a better—a more successful one?

In treating chronic phthisis and bronchitis, the important ideas to bear in mind are: to keep up the strength of patients by all the means available; to soothe and mitigate suffering; to give them abundant pure air; to promote and equalize the circulation of the blood: to aid the secretions, and keep the cutaneous surface as clean and normal as possible.

If the malady spend its force only or mostly upon the *cells* the above course will be most likely to finally result in recovery, and we shall gain the reputation of *curing consumption*, although we know it is mostly due to fostering *nature*. But if the cell-tissue be attacked, as before explained, the final result must be fatal, as is conceded by the experienced.

PERTUSSIS.

BY J. H. BUNDY, M. D., OAKLAND, CAL.

THIS disease has a stage of incubation of from 6 to 9 days with symptoms very much like those of bronchitis associated with fever, soon showing the spasmodic form of the disease. The characteristic symptom of the disease is the spasmodic and paroxysmal cough. The *whooping* does not accompany all cases, and such are frequently denominated *chin cough*; the paroxysmal character of this form of the cough is, however, pathognomonic and we are not likely to be misled. The duration of the cough is from two weeks to as many or more months. There is heat of the skin, oppression of the chest with restlessness from coryza, etc. As the fever remits the cough assumes its peculiar shrill crowing sound or whoop; the child soon learns when the paroxyms are coming on and is frequently beset with fright. There may be two or three paroxysms daily, or as many in an hour, and they usually terminate in vomiting, especially after eating, when the little patient resumes its usual play and pastime, until another attack; the complications of whooping cough often prove dangerous; they are measles, small-pox, bronchitis, pneumonia, pertussial glucosuria, when cough severe epistaxis, and hemorrhage from the mouth, ears, laceration of tympanic membrane, ecchymosis of conjunctivæ, convulsions, hydrocephalus, catarrhal inflammation of bronchi with collapse of a portion of the lung. I have seen many cases from the severity of the cough produce strabismus of one or both eyes.

Treatment;—In mild cases warm clothing, light nourishing food, mucilaginous drinks, confinement indoors with friction to spine two or three times daily. The cough of whooping-cough is always spasmodic and explosive. If the tongue is violet red or purple, as it frequently is—nitric acid is of an inestimable value associated with other appropriate remedies, as follows:—

Acid Nit. Dil, ʒij;
Tr. Drosera Pot. ʒj;
Tr. Aconit. gtts. x;
Aquæ Dist.;
Syr. Simp. āā qs. ad. ℥iv;
M. Sig.—Give teaspoonful every two or three hours to a child five or six years old.

If the mucous membranes of the mouth are normal:

℞ Fld. Ext. Castaneum Vesica ʒiij;
Potass. Brom. ʒij;
Am. Brom. ʒiss;
Acid. Hydrocyanic Dil. ʒss;
Syr. Simp. ℥ij;
Aqua qs. ad. ℥iv;
M. Sig.—Teaspoonful every three hours. Or,

℞ Alc. Ext. Belladon. (English) grs. iv;
Potass. Brom. ʒiij;
Acid Hydrocyanic Dil. ʒss;
Fld. Ext. Prunus Vir. ℥ij;
Aquæ Dist. qs. ad. ℥iv.
M. Sig.—Teaspoonful every three hours.

With the purple tongue where Nitric Acid is indicated, Baptisia or Phytolacca may be added as may be indicated, and the conditions will be well met in the case better than otherwise.

The infusion of the chestnut leaves is perhaps much better than the fld. ext., if made from the green, or recently dried leaves; and it may be given in this form with the other prescriptions by sweetening and let them drink freely of the tea several times daily.

Of the few remedies to be depended upon in this disease we may mention: Drosera, Nitric Acid, Chestnut leaves, Bromide of Potass., Bromide Am., Belladonna, Aconite, Ipecac, Hydrocyanic Acid, these in fact being the main remedies to be depended upon. If complications arise, they must be met as in every disease as they arise. There are other remedies that may come in play but only to meet indications that may arise as complications--and these (complications) should carefully be looked for while the strength and general health of the patient should as carefully be watched and maintained.

CONJUNCTIVITIS.

BY F. CORNWALL, M. D.

PURULENT Ophthalmia, Blennorrhea Ophthalmia, Neonatorum and Gonorrheal Ophthalmia are terms which are used to designate, so far as pathological conditions are concerned, the same. It is always best for anyone who wishes to enlighten himself on the subject of Ophthalmology, to master first the nomenclature. Some of these names are meaningless, and others missname conditions, but the majority of them furnish the student with a fair idea of the outlines of the disease.

We will use the term *Blennorrhea* as the most comprehensive for our subject. This disease is more severe than the preceding one—Catarrhal Conjunctivitis—and is characterized by true chemosis with the secretion, at first of a bloody stained serous fluid, and afterwards by the profuse secretion of muco-pus. There is great swelling of the lids, which are, often, almost immovable. The ocular conjunctiva is raised up around the cornea, overlapping it at its periphery, so that only the center can be seen. From the greatness of the swelling the globe becomes restricted in its movements. The temperature is markedly elevated, and the pain is severe from the first. The constitutional symptoms are marked—the fever running high during the inflammatory stage. The causes of blennorrhea are various. It may be an exaggerated case of catarrhal conjunctivitis, but the most frequent cause is from direct inoculation. The introduction of an irritant such as occur in quartz-mills—hot mercury mixed with dust and other mineral—or anything that would scald or injure the conjunctiva, will very likely produce a blennorrhea, and when the local injuries are great, the cases are frequently of the worst type.

Gonorrheal secretion is often conducted to the eyes, producing the most virulent cases. Ophthalmia Neonatorum will be treated of separately.

There is no disease of the eye so destructive as blennorrhea; the great swelling of the conjunctiva overlapping the cornea often producing strangulation, ulceration, perforation of the anterior chamber, and phthisis of the globe. Herpetic efflorescences spring up and degenerate into ulcers, or vascular keratitis may supervene and suppurate, producing onyx hypopyon, and result in destruction of the globe.

The attending physician should very frequently examine the eye to ascertain the condition of the cornea. When the cornea around its periphery becomes vascular, parallel vessels passing from the sclerotica to the limbus, conjunctivalis herpes corneæ probably exists, and no time should be lost to subdue it. Should the chemosis be great, the cornea is endangered from strangulation; crescentric ulcers are likely to form around the periphery and rapidly produce perforation. Sometimes in refractory patients it will be with difficulty that the complications can be discovered. The eye must be handled with the greatest of discretion and gentleness. A medium sized probe or a delicate eye-spatula may be used to press back the chemosed tissue, that the corneal periphery may be observed. The base of these ulcers are usually transparent, and have the appearance of having been carved out with some sharp instrument. These ulcers are very rapid in their disentegrating power, and if not soon arrested, will soon perforate the cornea. There are cases so severe that the whole cornea is destroyed in the beginning of the disease, turning opaque and of a grayish color, and is thrown off by the pressure of the contents of the globe. Ectropium of either or both lids is to be considered as one of the consequences of blennorrhea, as is also trachoma. The latter named affection occurs in two different conditions: First, early in the disease we may observe a characteristic roughness of the conjunctiva, but when it occurs in the later stages of ophthalmia, it is then a result and not a complication.

Treatment of blennorrhea: It is of the greatest importance when but one eye has become affected, that it be prevented from inoculating the unaffected one. This is to be done with an hermetical bandage. Absorbent cotton or charpie may be packed carefully in the orbit over the closed lids, over which oiled silk may be placed, and over this a double thickness of linen; the whole may be neatly fitted and the border painted with collodion. Every two or three days the eye should be examined by raising one side of the dressing. Most persons are aware of the extreme contagiousness of this disease, yet it will be necessary for the physician to see to it that the most rigid attention be paid to necessary precautions.

If gonorrhea exist, the patient should be cautioned about touching the genitals without a thorough washing of the hands each time, as a fresh inoculation would be disastrous in the extreme. The gonorrhea should be cured as soon as possible.

A patient in the active stage of blennorrhea should be kept in the recumbent position, and in a cool, well ventilated apartment, properly shaded so as to protect the eye from the irritation of irregular or bright light.

The principal danger of this disease being extension to the cornea, every precaution should be observed which would be most likely to prevent such an occurrence. The height of the inflammatory action may be considered as a measure of the destructability of the disease, and particularly as regards its extension to the cornea. To subdue this inflammatory action, cathartics may be judiciously administered. Veratrum and gelseminum should be used to control the febrile excitement, and local applications of iced packs are to be applied sufficiently to subdue the local temperature of the part. A sol. of Sal. of Atropia should be dropped into the eye often enough to subdue the pain, but its effect must be gauged according to its effect on the iris. As an antiseptic, and to check the purulent discharge, a sol. of Permanganate of Potash (¼ to ½ gr. ad. ℥j) must be used four or five times a day. Later in the disease when the blennorrhea has somewhat subsided and the conjunctiva seems enfeebled, Sul. of Hydrastia is an admirable remedy. If the physician be called in time and uses the above treatment he will rarely have the corneal complications enumerated, but should they exist when he be called, it will be necessary that he act promptly.

Should there arise an herpetic efflorescence on the cornea, it should be attacked with Nitrate of Silver (40 grs. ad. ℥j), using a small amount with a camel's hair brush, and in a few moments a mild sol. of common salt should be dropped in the eye to prevent leaving stains on the cornea. It is to be understood that this use of Nitrate of Silver is different from the indiscriminate use of weak solutions. If an ulcer should develop, it should be treated in a similar manner with the Nit. of Silver, being cautious not to touch more of the healthy cornea than is possible to avoid.

It is argued by very eminent authors that this agent increases the inflammatory action, and for that reason claim its disuse in these cases, but I have not found such to be the case. Any pain caused by its application may be overcome by the use of Atropia. It is customary when an ulcer of the cornea threatens perforation, to perform paracentesis, but owing to the fact that the walls of an incision having a tendency to take on an ulcerative action during an attack of pyorrhea, it is to be delayed as a last expedient.

The frequent cleansing of the eye by means of a gentle douche, or from a sponge, is of the greatest importance. The water is to be of a temperature suitable to the stage of the disease. The common sense of the physician should be brought to bear in the use of these means. Weak instillations of Nitrate of Silver (3 grs. ad. ℥j) is recommended by a great many oculists for malignant pyorrhea, but my experience has been averse to it, and in favor of the means recommended; however, I should not say but what it would act well in some cases. There are certain forms of diphtheria that our Old School brethren invariably attack with Nitrate of Silver and a probang, yet Eclectics manage similar cases more successfully with anti-septic inhalations.

ASCLEPIAS SYRIACA.

(*Cornuti.*) *Silk Weed.*

BY PROF. I. J. M. GOSS, A. M., M. D.

Professor of Materia Medica, in the Georgia Ec. Med. College, at Atlanta, Ga.

THIS is one of the most useful and active remedies of that large family, the Asclepiadaceæ, but it is comparatively unknown to the general profession.*

Medical Effects.—In overdose, this remedy, like many others, profoundly effects the various tissues and organs for which it has a direct affinity. When it does not produce profuse urination and sweating, it produces vertigo and headache, with full and quick pulse, which is from an excessive stimulation of circulation. If given in very large doses, it causes nausea, and finally vomiting, and may cause purging, and violent diuresis. And when it purges, it will remove ascarides from those troubled with them. Medium doses enormously increase the quantity of urine, even as much as 125 to 130 ℥ per day. In post scarlatinal dropsy, it is a very positive remedy. In general or local dropsy, from inactivity of the kidneys, it is a remarkable remedy. In that peculiar form of dropsy from heart disease, we have but few remedies so positive in action as the Asclepias Syriaca. The Asclepias Syriaca not only increases the quantity of urine, but like Colchicum, Bryonia, and Cimicifuga, it also increases the solids largely. The last notable property of increasing the salts of the urine, renders this article valuable in rheumatism, both acute and chronic. In small doses, it is one of our most positive remedies for nervous headache, especially when accompanied by dry skin and scanty urine. From 10 to 30 drops of the tincture will often cure constipation. Its power of increasing the solids of the urine makes it one of our best remedies for uræmia. Also points to it as the remedy in post *scarlatinal dropsy*, where the blood is still loaded with the scarlatinal poison, as this article rapidly eliminates the poison from the blood, and thereby prevents the other unpleasant sequelæ. In dropsy, it may be alternated with Apocynum Canabinum and other diuretics. It generally is sufficient of itself, as it most powerfully stimulates the renal secretion, increasing the quantity of urine from 35 to 135 ℥ in the course of six or seven days.

---

*See the author's works for description.

It has cured many cases of dropsy without any other remedy, either in the form of an infusion or tincture. The dose should not be large enough to produce either purging or vomiting. From 15 to 30 drops is sufficient in ordinary cases, and it may be repeated every two or three hours. In rheumatism, 5 to 10 drops, every two hours, is sufficient. This remedy is worthy of investigation.

EDITORIALS.

ALL business communications to the CALIFORNIA MEDICAL JOURNAL will be hereafter directed to D. D. Crowley, M. D., California Medical College, Oakland, Cal.

VERATRUM VIRIDE.

THOUGH we do not favor the theory of giving a remedy for each symptom that presents itself in a disease, we do favor the removal of a primary condition. It is known that opium will generally affect sleep, chloroform suspend animation, and that nitric acid will destroy tissue. It is not scientific to give belladonna for a dilated pupil, aconite for a weak, slow pulse, sodæ sulphis for a certain tongue covered by a red or white coat, but to remove the great condition from which fifteen or twenty symptoms may arise, should receive the approbation of every thinking physician.

Veratrum Viride is said to excite the mucous membrane and promote its secretions. It lessens the heart's action, and if in a sufficient quantity, entirely suspends its action. It has proved to be a very efficient remedy in many surgical operations.

In many cases already enumerated in this journal, where there was considerable mutilation of the part, extensive hemorrhage and a considerable shock to the nervous system, by the use of veratrum viride the temperature at no time increased more than one-half degree, and the wounds invariably united by the first intention, leaving no scar.

This remedy we would recommend in all cases which have tendencies towards a high grade of fever or during the absorption of putrid material.

BENNETT COLLEGE.

BENNETT COLLEGE is one of the institutions of medical learning that is excelled by none east of the Rocky Mountains.

As it grows older it gains strength, so much so that our allopathic friends, when wishing to injure some new institution of liberal medicine always appeal to Bennett and demand in the name of all that is good and holy why it tolerates anything of the kind and why it does not disclose to the world that it is far above the recognition of any school which will compete with itself (allopath). As Bennett grows older it becomes independent. It asks no favors.

It is possible that after many years of toil and trouble, it has grown cold to sister institutions, or that by the many luxuries it now enjoys—can only see the same comfort and prosperity in others.

Bennett College has its specialties; surgery, one of the foremost branches in all medical schools is thoroughly represented in this. There were, only two or three years ago, at least four teachers on surgery. The one who taught the principles and practice of surgery, (Prof. J.,) and does at the present time, is one of the clearest and most forcible teachers, also one of the easiest and most practical operators. The chair of obstetrics, practice chemistry, materia medica, and anatomy also receive special attention and are ably filled. The term of 1880 and '81 was Bennett's most successful term, the number of students exceeded that of any previous year.

It is also stated from some unaccountable reason that the graduating class possessed more intelligence than those of any previous term; or in the words of the secretary of alumni:—"In this connection (referring to grad. class) the secretary takes the pleasure in stating to the non-resident alumni, that while the candidates for graduation this year are more numerous than ever before, they are also as a class, better qualified in every way for the honorable position to which they aspire." (All of which is consoling to the non-resident alumni.) One year makes an entire revolution in medicine. A physician requires many noble qualities to allow him to attain a position that every physician should reach. There was a slight deficiency of those in the previous classes, or an over abundance in that of 1880 and '81. The secretary forgets the classes that graduated in 1877 or 1879. We can conscientiously assert that the class of 1879 is not or will not be excelled by any other. We hope that all graduates of Bennett will not censure the writer as he did it with the best of motives.

Bennett is liberal as all learned institutions are. Its age has brought it to dignity. It requires no extra exertion or the kind wishes of any other institution to give it notoriety. When new colleges of liberal medicine come into existence, their birth is hailed with delight by nearly all others. They always receive the approbation of Bennett, though of late years we must confess that this illustrious college has lost considerable of its usual enthusiasm.

A few years ago Bennett was spoken of as being second to the Scudder institute of Cincinnati; but since Scudder has become specific he has lost ground, Scudder has also grown old and selfish; he who does not laud the quotations of Scudder is in his mind no physician; as Scudder becomes weak so also does his medicine, and in a reverse ratio does his selfishness.

From this cause Scudder has been losing force, while by the ever untiring efforts of the professors of Bennett it steadily advanced. It is possible now that with the hospital and clinical advantage no college in America has more advantages to assist in imparting the knowledge of medicine, than Bennett.

Scudder advanced for years and if he had not wandered away into nonsensical theories he would have reached a much higher station in the medical profession.

Is it possible that colleges, now reaping the harvest of long years of toil, will grow indolent in their welcome to those who are endeavoring to follow in their footsteps? As yet Newton of New York, Goss of Georgia, men who are connected with rising institutions are yet free from bigotry.

THE ECLECTICS of California are advancing, that is, they are separating the physicians of the past into two distinct bodies. For years those of easy virtue enjoyed the same privileges as those who had spent years in acquiring the necessary knowledge. They advertised and proclaimed its consistency. They were powerful and they showed their strength. For years they reveled in prosperity. Papers contained their pictures. Bald-headed men, bowed by the weight of their assumed intelligence, could be seen stamped on the most prominent columns of nearly every daily paper. Almanacs announcing wonderful cures, private chambers, etc., were circulated throughout the country. (They called themselves Eclectics.) Traveling Methodist ranters, pile doctors, cancer doctors, a mixture of all, had the same rights and privileges as an honest man.

Only a few months ago an article was written censuring certain physicians. It caused a considerable noise, and it was stated by a few that the writer was injuring the cause of Eclectism, etc. Instead of injuring it caused a far different result; for every man that is now representing the Eclectic physicians on the Pacific coast in both State Society and Examining Board, are men with an unblemished record. It caused every physician in California to look at matters as they then stood, and by the united efforts of those who love their profession, a gulf was made so deep and wide that quackery will never again reach an honored position in a State Society; it will never again diffuse itself among, and clasp the hand of men who are honored and progressive; it will never again be able to apply to itself the beautiful and ever-honored title "Eclectic." We now state to you, who for years have advertised your knowledge as grocerymen would vegetables, you who cure by the laying on of hands, you who are only ignorant pretenders—do not taint our banner by raising it over your heads, if you do, we will not curse, but we will prosecute you to the bitter end. You who have license from the Eclectic Board and have sinned, do so no more. Take this as a friendly warning and profit by it, for Eclecticism, though trampled by you for years, now stands upright, and instead of crawling in the mire beneath your feet, it marches through the pure air of freedom and basks in the glittering light of justice and science.

MR. B., who received a fracture of the skull, from which, as was described in the January number of this journal, he lost all memory of the past, is now in Napa Insane Asylum. Previous to his removal there, he imagined that he was the principal mover in great speculations, but in a few days this idea passed away, and at times his mind had so revived that he would mention the names of old acquaintances, read a newspaper, and do many things that indicated the return of a few rays of intellect. He suffered from no pain or inconveniences, and it is hoped, that as he will receive all the benefits that can be derived from such an institution, that he will in time regain his mind. We might state that the wound united by the first intention, leaving no deformity either in the fleshy or bony tissue.

VOLUME 19, No. 11, of the *Medical Record*, contains the startling intelligence of "Secondary Syphilis aggravated by Mercury and relieved by Iodide of Potash." "Dr. Theobald saw two cases of syphilitic iritis grow worse under the use of biniodide of mercury and atropia; ulcers also appeared on the soft palate and tonsils. Cure was effected on substituting Iodide of Potash." Such a wonderful discovery should be at once noticed, for such a fact is of the utmost importance to the practitioner. For years he has used mercury, and at last he has discovered that the alterative *Potassii Iodidium* is an efficient remedy.

SELECTIONS.

HAHNEMANN MEDICAL COLLEGE.

THE following is a brief epitome of a short-hand report of a "quiz" on materia medica, recently given in the Hahnemann Medical College of this city. It is accurate in every particular except that it is condensed, but the original order of question and answer is preserved. We only say that it was given in apparently serious earnestness, and was listened to by a class of a hundred or more bearded men and callow youths with marked deference. Is it possible for folly to attain to a more lamentable degree of absurdity ?

What would you give for lack of expression in the face ? Aconite.

What for mumps on the right side ? Mercurius. What for mumps on the left side ? Rhus tox.

When getting out of bed brings on a cough, which gets worse on going into another room? Phosphorus.

When stools are white and urine red? Arnica.

When attacks of pain and delirium almost drive one to madness? Veratrum album.

What for fainting spells coming on every day about 11 A. M.? Sulphur.

Mania with desire to cut and tear things? Veratrum.

Desires death rather than fears it? Belladonna.

Delirious attacks at night about the house? Belladonna.

Intense thirst morning, noon and night? Kali carb.

Ulceration, superficial and wide-spread? Mercurius.

Erysipelas confined to the joints? Bryonia.

Tip of nose is red and hot, particularly in warm weather? Belladonna.

Greenish color about the eyes? Veratrum album.

Pains in the limbs; are worse if covered with feather-bed? Sulphur.

Headache after washing in cold water while the face is sweating? Bryonia.

Headache in occiput, relieved by sitting? Gelsemium.

Sensation as if of ice on top of head? Veratrum.

Tongue feels as if it had been scalded? Gelsemium.

Forgetting what one is asked and letting things drop? Bryonia.

Emaciation of upper part of body while the lower part is enormously swollen? Lycopodium.

Swelling between the eyebrows and lids? Kali carb.

Bad consequences from suppression of measles? Belladonna.

Orchitis from suppression of measles? Pulsatilla.

Inability to collect one's senses on awakening? China.

Cannot sleep early in the night, but sleeps late in the morning? Belladonna.

Complaint occasioned by eating ice-cream? Arsenicum. Same in tall, slender persons? Phosphorus.

Circumscribed redness of cheeks? Lycopodium.

Coryza in the day-time, and dry coryza at night? Nux.

Sweat on face while eating? Ignatia. Sour sweat on neck? Belladonna. Profuse sweat about the head? Calcarea carb. Same about the genitals? Gelsemium.

Slow breathing and pulse? Arsenicum.

Much red sand in the urine? Lycopodium.

Disgust for meat, liking for fruit and vegetables? Arsenicum.

Longing for salt? China.

Feet cold and damp, as if one had on damp socks? Calcarea.

Hungry, but seldom satisfied? Lycopodium.

Everything but water has a bitter taste? Aconite.

When ordinary objects awaken extraordinary admiration? Sulphur.

When one wants much air, or to be fanned continually? Carbo veg.

And so on ad nauseam.—*Chicago Medical Review.*

SYPHILIS.

BY EDWARD N. FISHBLATT, M. D.

THIS malady seems to be coeval with the early history of man, and to have been as great a scourge in antediluvian days as it is now. But while its antiquity is now well established, there is no record of its first advent on earth, or its first victim in the human race. King David, probably, contracted the disease from Uriah's wife; her history was such as to justify the conclusion, that others besides the king, were allured by her voluptuous form in the bath; and that from some one of her lovers, she contracted the disease. The assertion of some European writers, that it was transported from America into Europe by the crews of Columbus, is refuted by the most positive evidence on the subject. Syphilis was unknown to the Indians until after the settlement of this country by Europeans. Moreover, it seems to be one of the curses which follow in the path of civilization. Rural districts previous to our civil war, were almost entirely exempt from it, while it has ever committed its most direful ravages amid the wealth and luxuries of city life.

At the present time, the best authorities are divided upon the question of its unicity or its duality. The advocates of each, embrace men of equal talent and authority, and the claims of each, are equally entitled to consideration. Durkee, Gross, and some English writers, advocate the doctrine that all venereal ulcers arise from a single virus, and that the character of a venereal ulcer, does not decide the question of constitutional infection, in either the negative or the affirmative. Professors Bumstead, Van Buren, Keys, Maury and others, contend that it is only the Hunterian or indurated sore, that has the power of evolving constitutional or secondary symptoms. The mass of facts, however, collated on this subject, predominate very largely in favor of the duality theory. A very large per cent. of indurated sores, evolving secondary consequences, while fully ninety-nine hundredths of the non-indurated variety, being exempt from all constitutional lesions. This vast preponderance of the exempt over the victims of secondary lesions, naturally lulls us into a sense of security, from which we now and then awaken, with very sad reflections and deep mortification. Secondary syphilis does follow a chancroid or soft chancre, and in cases too, in which we encounter suppurating buboes; and when it does, it seems to possess an exalted degree of malignancy, and to exceed the virulence of that presented in the indurated variety. An ex-army surgeon who had seen much of syphilis, says: the three worst cases he ever saw (and he had treated thousands), followed non-indurated sores. One of these three presented but a single soft and comparatively small sore on the penis, which was followed by a suppurating bubo; the second case had two small sores, which had every appearance of chancroids. They healed regularly, and were soon followed by sore throat, loss of hair, roseola mucus patches in the mouth and pulmonary schlerosis, which killed the patient within three years. The third case was a multiple chancroid, five or six sores of extensive size, the head of the penis was honey-combed, buboes followed on both sides and secondary symptoms of very severe character were exhibited. The dualist explain such cases, on the ground that the sore made by the erosive chancroid, was inoculated by the virus of a hard chancre, and that the former entirely obscured the phenomena or obviated its local events. In the first case noted, the woman who infected the man, was also under the care of the surgeon. She had a small non-indurated sore on the external labia, the vagina and os were healthy. Two other men who contracted the disease from her, had non-indurated chancres. Without attempting to decide this question, pro or con, we are sure that a tonic treatment of iron and quinia is of the highest importance in both classes of cases, and obviates in a large degree, the devitalizing influences of both forms.

Can syphilis be imparted by direct absorption, without any local primary symptoms? We think the evidence settles this question in the affirmative; that cases have occurred, in which the virus was absorbed at once by the lymphatics, without loss of continuity of tissue, and gave its first warning in larynxgeal roseola. Such cases are very rare.

Can syphilis be contracted from a privy or water closet? We are sure of it. Syphilitic virus on a seat, conveyed to the genital organs by contact, has precisely the same properties, as though derived from the genital organs of one of the other sex. But syphilis, and gonorrhœa, are not often thus contracted. The privy question reminds us of the answer of an army surgeon, to an unfortunately adventurous chaplain, who was anxious to know if it were a frequent occurrence. "No, the man must be very dirty who would copulate in such a place."

The general features of the erosive ulcer—the chancroid and the Hunterian ulcer, so widely differ, that there is no difficulty in distinguishing one from the other. From their first manifestation to their ultimate end, they vary so widely as a rule, that surely their symptoms and progress can be best studied as different maladies. We will consider these differences.

The erosive or non-indurated sore has a very brief period of incubation. If during the intercourse in which the infection has occurred, there be a slight abrasion of the internal surface of the prepuce, the ulcerative process seems at once to begin. Instead of healing as the physical injury would do, if not thus impressed, it becomes painful and is surrounded by a congestive circle. In this reddened circle the destructive process goes on; the tissues rapidly part with their vitality and are cast off, leaving behind a ragged ulcer, which secrets a muco-purulent fluid. If this be not arrested by proper treatment it will continue to encroach upon the surrounding structures, until the entire prepuce and corona gland are eaten away. Before the lymphatic inguinal glands become involved, no other lesions ensue except those emanating from the point or points of inoculation. It may then be said that the non-indurated sore or chancroid as a rule is a local disease; that usually it does not involve the constitution. This is a conclusion contrary to what would naturally be reached by a priori reasoning. It would seem that a virus so destructive in its character would be productive of frightful consequences, if it should be taken up by the lymphatic glands, and go the rounds of the circulation, and there seems to be conclusive evidence that these frightful consequences do occasionally ensue; for every surgeon of a large experience has met with cases in which the virus contaminated the general system and seemed to produce rapidly a secondary ulceration. We think the absence of these secondary ulcerations in the great majority of cases is capable of an intelligent explanation. We know the virus resides in the secretion of the ulcer, and some experiments lately made confirm the opinion of Professor Bumstead, that this virus is but seldom found in the more fluid parts of the secretion. Some of the secretions being collected upon very fine white filtering paper, the aqueous portion passed through; this fluid inserted into the thigh of a man produced no inoculation; then the portion remaining in the filter used upon the other thigh produced a chancroid. It would then seem that the virus of the chancroid resides in the pus globules. Physiologists and pathologists have proved beyond all question that such pus globules in their usual form cannot enter the circulation, and consequently cannot invade remote structures unless they have already undergone degeneration and disintegration. We further know that such disintegration well-nigh robs the pus globule of nearly all, if not entirely of its potency. It would then appear that the virus of the chancroid is usually innocuous beyond the inguinal glands, because it is not capable of absorption. These glands form a barrier to its further progress and the pus globule there lodged produced simply an inguinal chancroid.

If however the pus globule be sufficiently disintegrated to enter the circulation and yet not entirely robbed of its specific nature, it may start upon a new mission. At first too feeble to evolve constitutional consequences, it may remain latent in the system or at least in an incubative condition until it has gathered sufficient force to proceed upon its destructive march. We will notice in our description of the early manifestations of constitutional symptoms following the indurated sore, that the throat becomes slightly tender, is flushed with a coppery redness but there is not the slightest ulcerative tendency, and that succeeding this come the various forms of syphilitic skin disease. It is not so with the secondary consequences which do, about once in a hundred cases, follow the non-indurated sore. Usually the first symptom is mucus patches in the mouth and around the arms. These have very much the character of a chancroid, except that they do not usually secrete a thick, purulent fluid. It is not yet decided whether the secretion from these ulcers are contagious or not. We are inclined to the opinion that they are highly so, even more so than the mucus patches of the indurated sore. Loss of the hair is an early symptom and is even more complete than in the other variety. The question of ante-inoculability naturally suggests itself. We all know that the virus from the penis or from a bubo will produce the disease upon the same person. Concerning this there is no dispute, but concerning the secretions of secondary lesions following the chancroid it is not so well determined. In the few cases in which it has been tried it has given negative results. The inference is natural that these secretions are as incapable of producing a chancroid upon the individual as the secretions of secondary lesions following a chancre. If this view be correct it follows as a corrollary that the chancre and chancroid are separate maladies, and that it is only physical causes, anatomical grounds, vital reasons why the secondary phenomena are so very rare in the non-indurated, while they are the prevailing rule with the other kind.

It however seems that the soft variety is harmless only on account of the non-entrance into the system of its virus, that if the secretions of the system is once poisoned by it, the result is not less terrible than those accompanying the other form. On the other hand the virus from the indurated chancre is serous and consequently encounters no obstacle to its ingress into the general system, hence contamination will necessarily be the rule and immunity the exception. It is then evident that there is a great difference in the dangers of secondary lesions resulting from the two classes of sores, enough to establish their rank as separate disorders, and yet the evidences upon the questions of duality and unicity scarcely seems settled. Both classes of sores infect the constitution when the virus is absorbed. In one, absorption is the rare event, while in the other only a small per cent. of cases escape. The inference is logical that the chancre is only a modified form of the chancroid, that in conformity with some force the virus does not reside, as in the chancroid form, in the pus globule, and that this physical modification of the virus determines the difference as to the results. To our minds this explanation seems more rational than the one given by Diday and Bumstead, namely, that "in those cases of non-indurated sores which are followed by constitutional symptoms, that the chancre has been inoculated simultaneously or soon after, by the virus of the chancroid, that the latter running a more rapid course, masks all the local characters of the chancre, while in the meanwhile, the virus has been already absorbed, and then undergoes the usual incubation, and displays eventually the phenomena of constitutional syphilis." If, as it thus appears, that chancroid is distinct from the chancre, in all its especial character; and, if the reasons I have given be accepted, why it is usually non-infecting, and the conditions under which it assumes constitutional characters, the duality doctrine while acquiring new support, is entirely changed in its most prominent features. We believe the day is not distant, when the subject will be thus disposed of, and the confounding of the two maladies a thing of the past. The diagnosis of a non-infecting and infecting sore from this view, becomes one of the most difficult problems in medicine; that is, if we aim at absolute certainty.

If we dismiss the question of absolute and assume that of relative certainty, we meet it in an entirely different phase, and the difficulties which had previously surrounded us, entirely vanish. In the male sex, induration and the punched-out character of the sore, the implication of the surrounding glands, and the serous character of the exudation, point very forcibly to the chances of the evolution of secondary phenomena. If, on the contrary, the sore is multiple, free from induration, with a muco-purulent secretion, the dangers of consecutive lesions is far less, than in the other variety. There is however, another class of sores referred to, by Dr. Gross; single, non-indurate, punched-out sores, with a serous secretion. In my experience, such almost always contaminate the constitution and produce all the phenomena of the indurated kind. They are true chancres—minus the induration. In the female, such sores are the rule, while those of an indurated character are the exception.

I have already noted that secondary lesions from the soft, ragged edged, muco-purulent sore is far more virulent in its character, than those emanating from a hard sore. The secondary lesions often occur within two months, and the successive forms follow each other with rapidity, an especial character of which is a proneness to suppuration and ulceration, exceeding that manifest in the other form. The treatment of the two forms, so as to counteract the destructive force of the virus in the greatest degree, is however, the most important problem connected with the subject, or at least the practical tendency of the American mind, naturally drifts in that direction. The German would deem this a matter of no consideration. He loves *science* and ignores *practice*.

In the non-indurated variety, the first indication is to destroy the specific character and secure the healing of the sore. To fill the first indication, I prefer to cauterize the sore with strong nitric acid, of the strength of 50 per cent. of anhydrous acid. It is less liable to spread and invade healthy tissues, it promptly destroys the diseased tissues, and the sore heals more kindly than after burning with any other acid, except carbolic acid. I apply it with a piece of soft wood, preferring this even to a glass rod, because with the former, I can graduate the amount of acid employed with more accuracy. Waiting a few moments, or until the acid has permeated and destroyed the tissues of the required amount, I then place upon it a pledget of cotton saturated with a solution of carbonate of sodium, of the strength of two drachms to the ounce. This neutralizes any excess of acid, arrests its inroads upon adjacent structures and very much mitigates the pain. The pain being subdued, I apply on a lint a solution of one drachm of carbolic acid in five drachms of glycerine. If I find on the following day that the specific character is not entirely gone, I again cauterize with either nitric or carbolic acid, and then proceed as on the preceding day. After this I very seldom apply a cautery or an irritant, but rely on stimulating lotions and ointments. I am fond of the following:

℞. Zince Oxide, gr. 80.
Vaseline, ℥j.
Pulv. Opii.
Acidi Tannic, aa. ʒj.
Acidi Carbolic, f. ʒj.

M. Apply on lint.

As a rule this has no equal in securing granulation, usually securing this end within ten days, and often much sooner. Although irrelevant to the subject, I may here say, this beats all other hemorrhoid ointments. While this is being done, what shall we do in the manner of constitutional treatment? Shall we give mercury? Most certainly not; to this disease it is an intense and destructive poison, prompting the sore to take on phagadenic action. Shall we give iodide of potassium? No. Although far less injurious than mercury, it is destructive to the blood corpuscle, it is very deliquescent to the blood and ruinous to that fluid, perhaps already empoverished, for blood poverty is usually associated with the disease. But shall we employ iodine. Yes. I give the tincture in three or four drop doses mixed with glycerine and water, and believe it does exert some influence on the local lesion, as also upon the blood. Usually it increases the appetite and acts as an excellent tonic. I have now used it for twenty-two years, and in that time have employed it in more than two thousand cases, with beneficial results. I rarely treat a case without it. If, however, the amount above directed irritates the stomach or produces other disagreeable symptoms, I lessen the dose, or discontinue it if the idiosyncrasy of the patient forbids its use. In addition to this, I resort to tonics, and in this class there is such a vast variety that it is difficult to make a positive choice. One part of the tincture of iron, with two parts of dilute phosphoric acid forms a very available one. It may be given in half teaspoonful doses thrice daily, if the iron does not disagree with the stomach and nervous system. With each dose quinia and strychnia may be added. Other iron tonics, and the compound phosphate of iron pills; the syrup phosphate of iron quinia and strychnia, or, the elixir of the same. But the non-organismal forms of iron disagree with so many persons, that we will often be compelled to omit them and seek other tonics. I think very much of the corydalis formosa, given in the form of the fluid extract, the tincture contains too much alcohol; I give it in drachm doses, about four times a day. It may be given with the tincture of iodine; corydalis is an active tonic, and a decisive alterative; it is a powerful gland stimulant, acting directly upon the blood manufacturing apparatus, producing a rich and pure fluid, capable of meeting all the requirements of the organism; it also stimulates the depurating glands, and enables the system to eliminate any poison that is offending it. In every stage and form of syphilis. it is one of our most potent remedies. If before the chancroid has been destroyed, the virus has been absorbed and taken into the inguinal glands, our patient is in imminent danger of a secondary chancroid, to which the name *bubo* has been given. By keeping in mind the fact that it is a secondary chancroid, and not an abscess resulting from irritation, a more judicious course will be more liable to be pursued if the gland begins to swell. The problem what to do with it must be considered—whether we shall aid or retard suppuration; whether we shall use poultices or discutients. If we could always diagnose with axiomatic certainty the exact character of the swelling, there would be no difficulty in deciding; some cases get well without suppuration, and I have do doubt that such cases are those of simple irritation, for, be there any of the specific virus in the gland it will suppurate, and all endeavors to prevent will be in vain. We then may paint the swelling with strong tincture of iodine, and my plan is to put it on thick until it turns the integrements a dark brown; if after two or three days painting the swelling still increases, it is useless to temporize any longer; we must now resort to poultices and continue them until suppuration ensues, and then open. The pus being evacuated, I wash the abscess out with carbolic acid and water—the mixture containing one-half ounce of the former to a pint of the latter, and repeat this twice a day; in the meanwhile continuing the poultices. I do not lay much stress on the material of which they are composed. I, however, usually begin with one composed of equal parts of slippery elm and flaxseed meal; if after this course the bubo does not heal well, I sometimes stimulate the surfaces, with a weak solution of nitric acid.

Black-wash has its advocates, and there is no doubt it sometimes gives good results. Whatever good accrues from its employment must be from its mechanical action, as it does not evince any influence upon the general system, so that the bitterest opponent of mercury need not have any fear in using it that it will be absorbed. There is an antagonism between mercury and both varieties of syphilis, whether it is applied locally or constitutionally; even calomel, which is insoluble and a very mild stimulant, without special value on other sores, is one of the best local applications that can possibly be used. Iodine also seems to have a similar, but a less marked antagonism. Tinct. of iodine well diluted is an excellent remedy in exciting granulation in a bubo. Indolent buboes require tonics, alteratives, painting with iodine—iodide of potassium ointment, and when matter has formed, open with a lancet.

The drain resulting from a bubo, is sufficient to depress the general health, and the shock upon the nutritive system is very decided. A powerful tonic is indicated. I have found the compound syrup of the hypophosphite of iron, quinia and strychnia, to be one of the very best. The more I have used it, the more I have been pleased with its effects. It is not a pleasant tasting preparation, the iron taste being strongly marked. The formula given in the *Druggist Circular,* about five years ago, is the one I have followed. It furnishes the iron in the form of a proto-salt. I would suggest that an equal amount of the sesqui-salt be used instead. It would be preferable both on account of stability and pleasanter taste. Each drachm contains two grains of iron, one of quinia, and one-sixtieth grain of strychnia. Cod liver oil is, however, a very valuable tonic, and its therapeutical powers are very much enhanced by being combined with lacto-phosphate of calcium. Trinder's emulsion is the best form in which to exhibit these. When the digestive powers are weak, and gastric or duodenal fermentation is present, extract of malt is indicated. The extract of malt and hypophosphite of lime is a splendid preparation. It contains a genuine extract of malt and chemically pure hypophosphite of lime. It is prepared by Leoflund, of Stuttgart, Germany. The American hypophosphites are notoriously impure, and but little better than carbonates.

Its secondary symptoms follow, tonics and alteratives are indicated. The elixir of iodo bromide of calcium compound, has proved superior to all other remedies, in one of the cases I have treated. I gave it in combination with extract of malt. The chloride of gold and sodium, have been extolled, but I seriously question their merit.

TREATMENT OF THE INDURATED CHANCRE.

Here two courses may be pursued, the cure of the local lesion by cauteries, astringents, etc., or the results secured by constitutional means. Upon these points the best surgeons of the world are divided. While all agree that the chancre can be led to heal by constitutional measures, the opponents of this measure reason thus,—that though in this manner the sore can be cured and the evolution of constitutional symptoms retarded, this evolution cannot by any known means be entirely presented; that when it has been delayed, it always breaks out with more than ordinary violence, and proceeds upon its course with great rapidity; that even more than has been temporarily gained, is finally lost. Such, however, has not been my own personal experience. Cases that have been under my observation for three years, have not suffered any after inconvenience after healing of the primary sore. I do not apply any escharotic to the sore; may dust it with carbonate of zinc or calomel, or apply vasalite of the oxide of zinc compound, while I trust solely to constitutional measures. I usually prescribe for such a case:

℞. Tinct. Ferri chl. ʒiij.
Ammonii muriates, ʒiij.
Hydrag chl. corros, gr. ij.
Aquæ, ℥ij.
Syrup, ʒxij.
M. Teaspoonful thrice daily, after meals.

The iron and muriate of ammonium protects the system from any deleterious affect of the mercurial, while they all act together with potency in the elimination of the syphilitic poison. My experience justifies me in saying, that it will effectually protect a large portion of the victims of Hunterian chancre. If the chloride of mercury irritates or nauseates the stomach, the amount should be decreased. In some of the very best results I have obtained, I have used only 1-32 to 1-40th of a grain at a dose. In addition to this, I often give quinine and hyposulphurous acid. I do not know exactly how this acid acts, but it is in some way antagonistic to syphilitic germs, I am sure. I have observed that under this conjoined treatment, this sore exhibits a change within fortyeight hours, and is well within twenty days. I know several physicians who cauterize the sore with nitric acid, or acid nitrate of mercury, and then follow my course of constitutional treatment. I am not aware that this course has any advantage. They claim, however, that they often succeed in destroying the venereal poison, before it has penetrated to the general system, and thus constitutional contamination was avoided. Led by Dr. Bumstead's teachings, I tried this course on forty patients. Out of this number, thirty-two had constitutional syphilis. I then kept a record of forty patients, in which I used both cautery and constitutional measures, and in two years only eighteen exhibited constitutional symptoms. I find by analyzing my case book, that constitutional symptoms have appeared only in twenty per cent., when I have relied on the constitutional treatment. Perhaps the primary sore may be cured, by the mixed method sooner, but I believe in the end, the results are not as satisfactory. After the primary sore is healed, it is difficult to get patients to regularly follow a plan of treatment, the advantages of which are prospective. In another paper I will discuss the symptoms, consequences, and therapeutics of systemic syphilis.—*New York Medical and Surgical Journal.*

A NEW CORTICAL CENTRE.

BY GRÆME M. HAMMOND, M.D., NEW YORK.

Physician to the Department for Diseases of the Nervous System in the Metropolitan Throat Hospital.

(Read before the New York Neurological Society, February 1, 1881.)

SOME six years ago there appeared in the *Centralblatt*, Nos. 37, 38, a short communication by Betz, embodying an account of certain nerve cells found by him in the cortex of a region of the brain which he newly named the paracentral lobule. This paper has probably aroused more general attention among neurologists than any other paper of recent times dealing with the structure of the cerebral hemispheres, and this, on account of the anatomical confirmation which the discovery seemed to furnish, of the localization doctrine based on the electrical stimulation of the cortex carried out by Hitzig and Fritsche.

After localizing these cells chiefly in the paracentral lobule and the upper ends of the pre and post-central gyri of man, stating them to be very few in number in the lower halves of these gyri, Betz proceeds to say, " The constancy of the occurrence of these cells, not only as regards the cortical layer, but also the special convolutions in which they are found, led me to direct my attention to that portion of the brain of animals, and particularly of the dog, on which latter Hitzig and Fritsche obtained such brilliant physiological results. I refer to that lobule which bounds the sulcus cruciatus. Now I found in this very lobule in the dog, cells in similar nests and of a similar shape. With the dog as in man they are distributed in the fourth layer."

Engaged in a study of the ganglionic masses of the fore-brain of the cat, an animal on which the experiments of Hitzig and Fritsche have been repeated, and in which the centres have been localized in regions homologous to those of the dog, and in which, furthermore, the architecture of the cortical surface is fundamentally the same, I proceeded to review the question of the localization of the giant-cells.

On the one hand, Betz seemed to argue that the giant-cells, which he claims to have discovered, were motor because they were found at those points in the dog's brain where Hitzig and Fritsche, by supposed localized electrization, had produced contractions of special groups of muscles. Again, on the other hand, it is apparent that those interested in defending that narrow localization theory, which is such a prominent feature in the teachings of Charcot and Ferrier, have found one of their strongest supports in the anatomical discoveries of Betz.

Let us suppose then, for the sake of argument, that it be granted that larger cells mean motor centres for larger muscles; taking up the localizationists on their own ground, we will examine the location of these giant-cells in a cat's brain, which only differs in a single exception from the dog's, and is therefore a fit subject for study. In fact the cat's brain has the advantage of being somewhat simpler.

The results I have obtained are based upon the study of the cortical area of the two hemispheres of one cat. One hemisphere was cut as a whole into some seventy-five sections, from different altitudes transversely to the cerebral axis. The other was separated into eleven segments, and each segment cut into a number of thin sections. The series of sections derived from the first hemisphere served as a sort of topographical guide for the location of anything that might be found in the second.

I found that the giant-cells are not confined to localized areas as Betz claims. I find that they are not as numerous near the sulcus cruciatus as they are much posterior to that region. I have even found giant-cells not very far from the base of the brain, but I found the largest group of the largest cells in a place not yet indicated on any of the charts of the localizationists as an unquestionable motor point. These cells are ovoid, circular, and subpyramidal in shape, and possess a round nucleolated nucleus situated about the centre of the cell. Each cell has from two to six visible processes. The ovoid cells are much the larger, their long diameter measuring from 0.08 mm. to 0.012 mm.; and their short diameter from 0.05 mm. to 0.06 mm. The circular and subpyramidal cells measure from 0.07 mm. to 0.08 mm. in diameter. The nuclei of all the varieties are the same size, and measure 0.03 mm. in diameter. I only succeeded in finding them in one locality, but found them very numerous in that area. They are situated in the first primary arched gyrus, between the Sylvian and anterior Sylvian fissures. Ferrier, in his "Functions of the Brain," indicates a "centre" on the frontal division of the fourth external convolution, where, he says, he has observed, on irritating this centre, "a divergence of the lips so as to partially open the mouth." This centre approaches nearer in position to the one I have discovered than any other. With this study I was enabled to locate the chief foci for condensation of the giant-cells, of the shape known to Betz and

Mierzejewski. These are pyramidal in shape, with a central round nucleus, and measure from 0.09 mm. to 0.12 mm. in length, and from 0.03 mm. to 0.04 mm. in width at the base. Their nuclei measure 0.02 mm. in diameter. Two of Betz's largest cells can be placed so that their conjoined areas are only equal to the areas of one of the ovoid cells such as I have described.

I regard the term, "area of large cells" as inaccurate. The large cells are scattered more or less widely over the brain-surface, and it would be better to speak of "foci" when they are concentrated in larger numbers than elsewhere.

The giant-cell of Betz is not a new discovery. It is not a thing by itself distinct from the other pyramidal cells of the cortex. On the contrary, both in the human cortex and in the cat, every transition from the average-sized cell of the third frontal layer to the giant-cell can be traced. I would also call attention to the fact that Betz states "these cells to be in nests" and not uniformly distributed in one layer, but I have seen, in one section from the paracentral lobule of the human brain, giant-cells arranged in regular order like soldiers on parade, for a distance of one-third of an inch.

Taking the deductions, which have been based upon the existence of these cells, on their merits, we find that those who have relied on this demonstration for the support of the theory of motor centres, are reduced to a number of predicaments. 1. That the largest giant-cells have been found in the brain of carnivora where no motor centre has been clearly demonstrated, and near which only small muscles are supposed to receive their cortical innervation. 2. That if, after all, this is a motor centre, that the method of localized electrization was incompetent to detect it. I have limited myself this evening to this single fact. I need not say that the giant-cell was known to Meynert, although its locality was not accurately described by him. He claimed that the larger gyri of the frontal lobe contained the largest cells. On the other hand, cells as large as the giant-cells can be seen through the entire occipital lobe, according to this observer, in the two white strata, and were described by him by the name of "solitary cells." I trust at no distant date to review the entire question of the distribution of large cortical cells with measurements, and to submit them to the society.

For the present I think the existence of the large cortical cell group which I have described, shows conclusively that before the existence of large cells can be considered a demonstration of the correctness of functional localization, a more extended study must be made.—*Medical Record.*

UTERINE DISEASES.

BY HENRY K. STRATFORD, M. D., CHICAGO, ILL.

It has long been a settled conviction in my mind that but very few physicians rightly understand the treatment of uterine diseases. I say *very* few, for there are not many who will give such cases the minute care and attention which they require. Consequently, they perfect no permanent cures, and make for themselves no reputation as skillful practitioners in that particular line of practice.

It is a fact beyond dispute that such a delicate organ of the human body should receive none but the most careful as well as skillful treatment at the hands of the physician. He should exercise the greatest care and judgment in his methods, and in the selection of remedies, both local and constitutional; more particularly in the local applications Indeed, it is to the close observation of the effects of remedies that the skillful practitioner is indebted for his success. Even cases that have, apparently, the same condition in every respect, cannot be treated or cured by the same remedies, either locally or constitutionally.

Inflammation of the neck of the uterus is very common, and ulceration and enlargement are the results. The inflammation may begin in the mucous membrane which covers the neck, in that which lines the cavity, or in the small glands in the body of the organ, and will spread both inward and outward. These inflammations and ulcerations are more or less confluent, and run into each other in all possible forms, exhibiting granulated and excoriated surfaces. Sometimes these granulated patches will be spongy, and bleed upon the slightest touch. The ulcerations at times eat deeply into the mouth of the womb, giving it a ragged appearance, and the organ itself becomes hard and indurated.

The velvety feeling which the finger recognizes in a digital exploration, shows us that we have the soft, spongy, superficial form of ulceration. Again, we find small hard tumors surrounding the *os tincœ,* differing in size from that of a No. 5 shot to that of a small filbert. We often find the entire cervix perforated with small holes, and throwing off a muco-pus. It is often of a dark blood-red color, and extremely sensitive to the touch even of soft cotton.

Again, we find the ulcers situated near, and even beyond, the internal *os.* The treatment and cure of these are very difficult. I have at this time several cases of this character, some of which are improving rapidly, while others are very obstinate, and will require long and careful treatment to effect a cure. I wish to say that it is just as unreasonable and useless to treat these inflammations and ulcerations through the stomach alone, as it is an inflamed or ulcerated throat. They are, to a very large degree, local diseases, affecting a particular part, and the remedies must be both local and constitutional.

The nerves, with which the uterus is so liberally supplied, belong largely to the sympathetic system. The stomach, being intimately connected with the womb physically, is keenly sensative to these inflammations and ulcerations; and its dyspeptic state is such as to deceive both the doctor and patient into the belief that that organ alone or principally is the seat of disease. But in such cases the dyspeptic symptoms at once disappear when the local affection is removed from the neck of the womb.

It is likewise so with other organs of the body. Consumption is not unfrequently the result of uterine disease; the heart is often harassed by palpitation, the flesh wastes away, and even the senses of sight and hearing are involved in the general trouble, and are impaired; while hysteria is a well-known accompaniment. Ladies, while suffering, will often say: "Doctor, I am sick all over;" and if he be not an expert in the diagnosis and treating of uterine diseases, he will fail of a cure.

In the treatment of inflammation and ulceration nearly all surgeons differ in both the remedies employed and in the manner of their application. I am firmly of the opinion that the applying of caustic, in the shape of salts of silver, potassa, or any of this class of agents, is in most cases useless, and in the majority very likely to inflict a positive and lasting injury upon the patient. Experience teaches the observing practitioner a different lesson, and he finds that his cases yield much better results to a milder and consequently more rational course of treatment.

I use electricity largely in this class of disorders, combined with such constitutional remedies as tend to restore the physical energies to a normal condition. I find no articles so well adapted to the treatment and permanent cure of inflammation, ulceration, and enlargement of the cervix uteri, as iodoform combined with carbolic acid, iodine and sulphuric ether as a local application, from two to three times a week. Nitric acid is the safest and most potent remedy that we have in the treatment of obstinate and indurated ulceration of the cervix. It must be used with caution and judgment. I must repeat in this connection what I said before: great care should be used in treating the several different classes of ulcerations.

There is no doubt in regard to the great cause of ulceration of the cervix, whether it be internal or external. Inflammation is the most prevalent cause, whether it originates from exposure during the catamenial period, from frequent abortions, natural miscarriages, fibroid polypus, laceration of the *os tincæ*, or from injuries received in or upon the abdomen, by falls, blows, or otherwise. It matters not how, the results are the same; the ulceration is sure to follow a neglected inflammation.

As a rule, the ulcers in the primary stage are not extensive, and a few local applications will suffice to remove them. If neglected, however, there is no limit to the mischief they may produce. Nor are these ulcerations by any means confined to married women. I have found the most aggravated cases in girls from the age of twelve years up to full womanhood, who were as pure and chaste as their Creator had made them. Some of them had wasted away to mere shadows, and to all outward appearances seemed to be suffering with phthisis pulmonalis. All those symptoms disappeared under local and constitutional treatment for uterine ulceration.

The cause of dysmenorrhœa, as a rule, is incipient inflammation; which will, if not corrected, become, sooner or later, thoroughly established ulceration of the cervix. There are causes, however, which excite painful menstruation oftener than inflammation of the uterine neck. An increased flow of blood to an inflamed part always causes pain. Congestion of the lining membrane of the womb itself is a frequent cause of such suffering. The condition of the membrane is similar to that of the larynx in membranous croup. There is the same pouring out of what surgeons call "plastic lymph," which forms itself into a pseudo-membrane. The womb strives to expel it, and finally succeeds in throwing it off in shreds and patches. These shreds, which women sometimes call "skinny substances," are characteristic of the disease. The effort to expel them causes pains very much like those of natural labor, and sometimes almost as severe. This condition of the lining membrane of the uterus causes a severe leucorrhœal discharge, which presently becomes acrid and sour, producing irritation and ulceration; and if neglected it breaks down the system, and makes life a burden rather than a blessing.

The treatment must be local and constitutional. The local treatment should be direct applications to the lining membrane. This can best be accomplished by the sound, armed with a soft piece of cotton saturated with the lotion above mentioned, repeated at regular intervals of three days, until cured. As a rule, the improvement is rapid.

A close examination should always be made for fibroids and polypus, as they are sometimes the only cause of the discharge and ulceration. If present, they must be removed at once. Fibrous tumors sometimes grow to an enormous size. I have forty specimens in my office, one of which weighs six and a half pounds; the smallest, a half-ounce. All of them, except the large one, were removed by the ecraseur.

There are two varieties of uterine polypus: the mucous and the fibrous. Both can be easily removed. The mucous polypus is generally found attached to the cervix; the fibrous attaches itself to the fundus of the uterus in a majority of cases.

For a more extended description of the different forms of uterine polypi and fibroids and their removal, I would refer to that excellent work on the subject by Dr. Atthill, pages 114 to 165, which embraces nearly all well-known methods for their removal.—*Medical Tribune.*

THE IMMEDIATE CURE OF INGUINAL HERNIA BY A NEW INSTRUMENT.

BY W. DUNNET SPANTON, M.R., C.S., ENG.

THE different methods which have been practiced for the immediate or radical cure of hernia may be roughly classed under four heads, viz: 1. Contraction of skin and sac by excision, cautery or ligature. 2. Closure of the sac by adhesive inflammation. 3. Plugging the inguinal canal. 4. Bringing the walls of the canal together.

The fourth plan differs materially from the others, in providing the remedy which Sir W. Lawrence pointed out as being required to contract the tendinous opening. The idea of bringing together the pillars of the inguinal ring in such a way as to restore the normal valve-like shape, is based on true anatomical principles, and to Mr. John Wood must be ascribed the great credit of having reduced these to valuable practical results. Stress is laid by Mr. Wood on the fact that, "to ensure success, complete union must be established along the whole length of the canal." This statement first led me to consider how far it might be feasible to secure such a result with greater simplicity and certainty. It will be observed that in using the wire sutures of Mr. Wood, as ordinarily applied, a hold is secured on the pillars of the ring at two points only, while the invaginated tissues are forcibly drawn up in such a way as, in some measure, to defeat the object the surgeon has in view, of approximating the sides of the canal as much as possible. By means of the operation I propose, you will see that these drawbacks are overcome, the points of security are multiplied, and the invaginated plug, being rather cylindrical than conical, is retained in position in such a way as to permit the walls of the canal to come as close together as possible. The instruments required are very simple—a thin, strong knife, like a tenotomy knife, for separating the skin from the subjacent tissues; and an instrument shaped like a cork-screw with a flat point and movable handle, nickel plated, and should be sufficiently strong not to break, but yet as thin as may be consistent with strength.

The mode of performing the operation in a case of ordinary oblique inguinal hernia is as follows: The patient must be in good health, have an aperient the day before, and an enema on the morning of operation. If necessary, the pubes must be shaved. Under the influence of an anæsthetic, the hernia is carefully reduced, and not allowed to come down during the operation. An incision is made in the skin of the scrotum large enough to admit the forefinger easily, over the fundus of the hernial sac, generally about two inches below the spine of the os pubis; and the skin is separated from the parts beneath by means of the blade or handle of a narrow scalpel, to an extent determined by the size of the hernia, and that of the inguinal canal. The operator, standing on the left-hand side of the patient, the forefinger of the left hand is passed up to the internal abdominal ring, invaginating the fascia and hernial sac to the same extent. A careful examination is now made of the surrounding structures, the position of the vessels clearly made out, the size and shape of the abdominal rings noted, as well as the length of the canal. This is necessary, in order to have an instrument of the proper size. The left forefinger being retained in the hernial canal, protecting the spermatic chord, and at the same time closing the internal ring, the screw instrument, previously dipped in carbolic oil, is, with the right hand, thrust through the skin of the groin so as to transfix the aponeurosis of the external oblique muscle, at a point somewhat above that at which it is intended to pass through the conjoined tendon. Having given the instrument one-half turn to the right, if a right inguinal, and a whole turn if it be a left hernia, it is next made to pierce subcutaneously the conjoined tendon of the internal oblique and transversalis muscles as high up as can safely be reached, the left forefinger carefully guarding the point, so as to avoid wounding the vessels or peritoneum. This part of the operation must be executed cautiously. It will then be found that, as soon as a hold has been secured by the instruments, the internal ring is practically closed. Another turn is now given to the screw, causing it to pass through the invaginated tissue—whether consisting of fascia, or sac, or both—and it is again passed through the external pillar, and then across to the internal pillar of the external ring, and another turn given, if possible, so as to bring the point out at the wound in the scrotum. The handle should then lie flatwise on the abdomen, and the point of the instrument be protected by a round piece of solid India-rubber, or by winding round it some carbolized gauze. A light pad is then placed over the part, and a bandage carefully applied. The amount of induration excited will be the guide as to the time for removal of the instrument, but a week has been usually found sufficient. The removal of the instrument is easily effected, as the suppuration which takes place along its course serves to loosen it somewhat; and by keeping it well oiled from day to day, it is easily withdrawn. The wounds will heal under any simple dressing, with pad and bandage. The aim of the operation is to bring together the pillars of the hernial canal, and at the same time to plug the opening in such a manner as to shut it off from the peritoneal cavity on the one hand, and on the other, to form an impassable barrier against any further descent of the bowel. So long as the general peritoneal cavity is not interfered with, so far is danger averted; and, if the hernial canal be effectually closed throughout, so to the like extent is the cure complete.

The operation is simplicity itself to any one accustomed to operative surgery; and, with regard to the danger attending it, I can only say that it has now been performed by myself and my colleagues in thirteen cases, in not one of which has any serious symptom been observed, the highest temperature recorded being 101.2° F., and, in eleven of the cases the cure has been complete; in the remaining two the patients have been greatly benefited.—Complete in *British Medical Journal*, Dec. 11, 1880.

A DEVICE FOR RETAINING DISLOCATIONS OF THE CLAVICLE AT ITS DISTAL END.

BY C. L. STILES, M.D., OWEGO, TIOGA CO., N. Y.

(Read before the Medical Society of the State of New York, February 4, 1881.)

HAVING experienced at various times much annoyance in the effort to retain the clavicle in place when dislocated at its acromial end, and my wife having had, something over a year since, the misfortune to sustain an injury of this kind, the result of falling down stairs head first, I tried various dressings and appliances to retain the end of the clavicle in place, but with indifferent success until I devised the following method of treatment:—

Putting the bone in position, a plaster cast was taken of the parts, about four inches long and two and seven-eighths inches wide. (It is necessary to oil the part before applying the plaster.) I took the cast to Dr. Downs, a dentist, and requested him to make a hard-rubber plate from the cast in the same manner as he would make a plate for a set of teeth from a plaster cast of the mouth, making it about three thirty-seconds of an inch thick. I explained to him what I wished it for, and he succeeded very nicely. When it was finished I applied a piece of lint to the under surface of the splint and placed it on the clavicle, and found it a perfect fit. I then attached to the outer or upper surface of the splint two strips of strong adhesive plaster, about fifteen inches long (and the width of the two strips nearly covering the splint), which I applied to the posterior part of chest. I then applied two more strips over those already applied, but extending in the opposite direction and diverging somewhat, and to the lower ends of these strips I fastened two rubber bands, about three inches long and three-fourths of an inch wide (the bands can be obtained at any bookstore), and to the lower ends of the bands I fastened pieces of adhesive plaster with broad bases, making sufficient traction to hold the bone in place. The last mentioned pieces of plaster were firmly fixed to the anterior part of the chest. A small roller was placed in the depression of the splint above the clavicle, and then another piece of plaster about three inches wide was applied from before backwards over the roller and brought up over the roller and down on the back and closely applied. The forearm was placed diagonally across the chest, and retained with adhesive strips and a few turns of the roller, and the dressing was completed.

The result was all that could be desired; there is perfect freedom of motion of the arm, and it can be put directly up beside the head as well as its fellow.

My excuse (if any is needed) for presenting this brief paper is to help any professional brother who is annoyed, as I have been, with this class of injuries.—*Medical Record.*

Action of Chloral Hydrate and Camphor Combined.

ACCORDING to A. Doctman, equal parts of chloral hydrate and camphor produce a fluid resembling dilute glycerine, almost colorless, having the odor of both substances, and of a sweetish, burning taste. Half a drachm produces in man unconsciousness, deep sleep, acceleration of pulse and breathing. The pupils become dilated and do not react to light. Such were the symptoms in a case of poisoning he was called to treat. In five hours the patient awakened and entirely recovered. In animals, 0.25 to 1.5 c.c. of this fluid injected under the skin, produces, in five to ten minutes, a rapidity of pulse that cannot be counted, and an acceleration of breathing (160 per minute). The animal responds to the cutaneous irritation, but what is the most peculiar, a state of artificial catalepsy is produced; the animal will retain any position of limbs, trunk, or of the entire body we may give it. This condition of waxy flexibility lasts until the animal wakes up. In a larger quantity it produces fatal narcotism.—*Transactions of the Kazan Med. Society*, 1880, No. 22.

Resection of the Intestines.

DR. CHERNI has reported to the Heidelberg Medical Society three resections of intestines performed within the last three years. In two cases it was made for the removal of the gangrenous parts due to strangulated hernia, and in the third for the removal of a cancerous growth. One of the first two cases died before the completion of the operation from the entrance of the intestinal contents into the lungs; the patient was almost in collapse at the time of the operation. The second case recovered entirely without any complications. Bowels moved on the eighth day. The third case recovered also, the operation resulting in a marked improvement of patient's general and local symptoms. She died six and a half months later, from the recurrence of her former illness. He insists upon the use of the spray and of Lister's dressing in this operation, and recommends the application of double sutures.—*Vratch. Vedamasti*, Nos, 446, 447.

On the Action of Drugs on the Fœtus through the Medium of the Mother.

DR. KUBASSOFF (Inaug. Diss.) states that even moderate doses of chloroform and chloral hydrate act on the fœtus, and apparently in the same manner as on the mother. The effect is produced in a few minutes after the beginning of the experiment. It consists at first in excitement, the fœtal movements are more active, the heart's sounds are louder, and the pulse is accelerated; then comes depression, manifested by the reversed state of the above symptoms. The action of opium and its alkaloids shows itself at a later period, and lasts longer than in the case of the first two drugs. It consists in marked irregularity and an intermittent state of the fetal cardiac action. He made a single experiment with digitalis, and the effect on the fœtus was very marked. He was always able to discover the presence of chloral in the fetal blood, its quantity corresponding to the relative weight of the mother and child. In some cases it reached 1.5 grains, being twice the normal dose for a child three months old. As the child gets one-twentieth of the amount given to the mother, he advises not to prescribe doses exceeding thirty grains.

TREATMENT OF CHOLERIFORM INFANTILE DIARRHŒA.

IN the *Union médicale du nord-est,* M. Luton describes his method of treating the summer complaint of children. It is considerably at variance with the ordinary methods of treatment now in vogue. Absolute restriction of diet is the prime requisite of successful therapy according to Luton. The only thing which the child is allowed to take is pure cold water. No other food or aliment is given. The water is given in copious draughts, provided the child shows its inclination to drink. All vials should be scrupulously cleaned. Luton states that the sick infants readily drink the water—in fact, they seem to have an instinctive craving for it, feeling, as it were, that its effects are beneficial. Soon the vomiting ceases, and the diarrhœal stools disappear, after the noxious bowel-contents have once been evacuated. In twenty-four hours convalescence is as a rule established.

A point of some delicacy is to return to normal alimentation. The first step in this direction is to add a few drops of boiled milk to the cold water, which the infants should continue to take. Gradually the proportion of the milk to the water is increased, until finally the former may be given almost pure. Cold milk, without the addition of sugar, should be taken for several days longer, and if any return of previous symptoms occur, the former treatment should again be employed. In ordinary acute gastro-enteritis, Luton makes use of rather large doses of silver nitrate (0.05 of the salt to 25.0 of water, a teaspoonful every hour), until unmistakable evidence of a remission is observed. Sometimes this event takes place after two or three doses of the silver nitrate have been administered. Of course the water plan is an essential addition to this method of giving large doses of nitrate of silver. Raw meats, pounded, pressed, or minced, and especially mutton, are given with advantage during the progress of convalescence.—*Journal de méd. et de chir. prat.*, January 1881.

TRACHEOTOMY IN ONE MOVEMENT.

M. DE SAINT-GERMAIN has performed two hundred and twenty-seven tracheotomies without a single grave accident due to the operation. He is opposed to the successive incision of the different layers of tissue over the trachea by the slow method. This is his method of procedure. He places the child on a table, its shoulders resting on a hard cushion, and the head firmly held by an assistant. With his left hand he firmly grasps the larynx, seizing it as if to draw it away from the vertebral column. A straight bistoury with a narrow blade is then plunged into the crico-thyroid membrane, the direction of the cut being guided by looking at the sternum. The depth of the incision is to be about fifteen millimetres. Next, with a sawing, not with a pressing motion, the cricoid cartilage is divided, and similarly two or three rings of cartilage, and at the same time the isthmus of the thyroid gland and the skin are cut. In withdrawing the instrument the incision is prolonged downward for several millimetres, thus making a little canal into the skin, to facilitate the flow of liquids. The edges are now separated by a suitable dilator, and the canula at once inserted. He has never seen serious hemorrhage occur in this operation.—*Gazette des hôpitaux*, January 15, 1881.